

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AB		3/13/99
O.I.P.E. CLASSIFIER		59	3/16
FORMALITY REVIEW	M.D.M.	66080	3/19/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date	Op.
1	✓	✓	3/13/99	
2	✓	✓	3/13/99	
3	✓	✓	3/13/99	
4	✓	✓	3/13/99	
5	✓	✓	3/13/99	
6	✓	✓	3/13/99	
7	✓	✓	3/13/99	
8	✓	✓	3/13/99	
9	✓	✓	3/13/99	
10	✓	✓	3/13/99	
11	✓	✓	3/13/99	
12	✓	✓	3/13/99	
13	✓	✓	3/13/99	
14	✓	✓	3/13/99	
15	✓	✓	3/13/99	
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

If more than 150 claims or 10 actions
staple additional sheet here

Best Available Copy